

PATIENT NAME: Xerxes, John  
MRN: 123-45-5673  
DOB: 05/25/1942  
SEX: M  
ACCESSION: SP-07-00105

## PATHOLOGY REPORT

COLLECTION DATE: 01/17/07  
RECEIVED DATE: 01/17/07  
REPORT DATE: 01/22/07

### SPECIMEN SUBMITTED:

1. Omental biopsy
2. Right ovary
3. Cervix (contains uterus tissue)
4. Umbilical hernia sac
5. Omentum

### ESSENTIAL CLINICAL DATA:

Abdominal pain/ascites/possible cancer

### GROSS DESCRIPTION:

1. Received in the fresh state for frozen section examination is a portion of tan tissue having a somewhat glistening to mucoid appearance and this measures 1.5 x 1.2 x 0.3 cm. A representative section is submitted for frozen section and frozen section control in one cassette. The remainder of the specimen is entirely submitted for permanent sections in one additional cassette.
2. Received in the fresh state for frozen section examination is an irregular portion of tissue which includes a 2 x 1.5 x 1.4 cm structure consistent with ovary. This shows a somewhat lobulated tan interior. Adherent to the surface of the ovary is myxoid material resembling that seen in specimen #1. Also adherent to the ovary is a segment of fallopian tube measuring 2.8 cm in length and 0.8 cm in diameter. Representative sections of ovary and adjacent mucoid material are submitted for frozen section and frozen section control in one cassette. Representative sections of the remainder of the specimen are submitted for permanent sections in three additional cassettes.
3. Submitted as cervix in formalin are two elongated pieces of hemorrhagic rubbery pink tissue, one of which is recognized as ectocervix and endocervix. This specimen measures 3 cm in diameter by 5 cm in length. Extensive hemorrhage and ruffling are present on the ectocervix near the os. The latter is a small opening less than 2 mm in diameter. Longitudinal opening shows a patent endocervical canal with somewhat ill-defined focally hemorrhagic squamocolumnar junction. No gross lesions are evident otherwise. The specimen measures approximately 1 cm in thickness, measured

radially from the canal. The separately submitted fragment is an irregularly shaped piece of rubbery pink tissue 4 x 3 x 1.5 cm. It sections with a moderately firm, even consistency showing a homogenous pink cut surface. No gross abnormalities are otherwise noted. Representative sections are submitted in two cassettes.

4. In formalin is an ovoid piece of hemorrhagic epithelial and underlying tissue measuring approximately 6 x 3 x 3 cm. The surface appears to have a circular depression 2 cm in diameter by 2 cm in depth. On cut surface its walls contain homogenous glistening pink tissue. This blends with surrounding dense gray-white fibrous appearing tissue. Mucus is present within the depths of the depression. Representative sections submitted in two cassettes.
5. In formalin is a sheet of grossly recognizable omentum measuring 43 x 25 x 5 cm. The specimen is diffusely infiltrated by firm glistening pink tissue grossly suggestive of neoplasm. Cut surface shows this to be composed of variegated light and dark pink tissue with ill-defined areas of yellowish discoloration. These areas grossly appear to occupy approximately 80% of the specimen. Cut surface shows these areas in some foci to diffusely infiltrate among lobules of preserved fat. Representative sections submitted in three cassettes.

#### MICROSCOPIC DESCRIPTION:

1. Sections show fibroadipose tissue largely replaced by tumor and mucin. This is adenocarcinoma with large irregular glands generally lined by an epithelium showing elongate stratified nuclei in areas. The glands contain mucin and there is also prominent mucin extravasation into connective tissue.
2. Sections show multiple portions of ovary and adjacent soft tissue. There is extensive infiltrating adenocarcinoma. Some of this infiltrates ovarian tissue as variably sized glands often containing mucin or eosinophilic debris. There is also a component of small nests and glandular structures infiltrating the ovary. More peripherally and adherent to the ovarian surface are foci of adenocarcinoma showing a more prominent mucinous appearance similar to that described in specimen 1. Some of this could be considered to have a cystic component. While some of this tumor is adherent to the cortical surface of the ovary elsewhere it is adherent to the surface of adjacent fibroadipose tissue. Cross section of fallopian tube does not contain tumor although tumor is present in areas of adherent soft tissue. While much of the tumor could be considered well-differentiated the more aggressive pattern of small glands and nests is higher grade and overall this is classified as moderately differentiated. The interpretation is favored that this is a primary ovarian carcinoma, but some of the tumor present does represent surface metastasis and the possibility that the entire lesion is metastatic cannot be definitely ruled out. Immunoperoxidase stains will be obtained.
3. Sections show multiple portions of cervix including squamous and endocervical mucosa. Focally, there is tissue which resembles lower uterine segment. There is some mild chronic inflammation in areas, but there is no significant atypia and there is no evidence of primary or metastatic malignancy. There is a section of endometrium generally showing a thin atrophic appearance. Focally, some of the glands are cystically dilated, but the glandular lining here is often flattened to

cuboidal and the overall findings do not suggest hyperplasia and there is no significant atypia. The myometrium does not show significant changes.

4. Sections show portions of skin and adjacent fibrous connective tissue and adipose tissue. Focally, there is a band of adjacent dense fibrous tissue and in this region there is metastatic mucinous carcinoma infiltrating the connective tissue in a band-like pattern at the deep margin of this segment. Focally the carcinoma does extend more superficially and is present in the reticular dermis. In areas the smooth deep surface of the hernia sac is represented and tumor is directly adjacent to this surface.
5. Sections show multiple portions of fibroadipose tissue and the majority of this is replaced by infiltrating adenocarcinoma showing a predominant mucinous pattern similar to that described above.

#### FROZEN SECTION DIAGNOSIS:

1. Adenocarcinoma with prominent mucin production
2. Adenocarcinoma more in adjacent soft tissue than in the ovary. Cannot r/o a metastasis

#### DIAGNOSIS:

1. Omentum, biopsy: Mucinous adenocarcinoma
2. Right ovary: Moderately differentiated adenocarcinoma with a predominant pattern of mucinous carcinoma involving ovary and adjacent tubo-ovarian soft tissue : otherwise unremarkable segment of right fallopian tube. Note: Additional studies will be prepared in an attempt to determine the origin of the tumor. Results will follow in an addendum report. See microscopic description.
3. Cervix and portion of adjacent uterus: Chronic cervicitis; atrophic endometrium with focal cystic change; unremarkable myometrium. Malignancy is not identified.
4. Umbilical hernia sac and adjacent skin containing adenocarcinoma, predominantly mucinous.
5. Omentum: Extensive metastatic adenocarcinoma showing a predominant mucinous pattern.

T63850, M81403, T87010, M80103, T87000, T86110, M80001, T82900, M43000, T83000, M79370, T85000, M80003, M31600, TY4220, T01000, M80706, Q01010, Q41500

#### ICD9/CPT CODE:

183.0/197.6/621.8/198.2/88331 x 2/88307 x 2/88305 x 3/88342 x 4

MEMORIAL HOSPITAL - PATIENT IDENTIFICATION

Acsn #

Xerxes

John

Patient Last NameFirst NameMI Prefix Suffix

999 - 99 - 9999

123-45-5673

Maiden Name/AliasSocSec#MR #

AddressUnknownCounty999

City/StUnknownZZZip + 499999Area Code/Phone #999 / 999 - 9999

PT PERSONAL INFO

Birthdate05 / 25 / 1942Age64Birth Loc999

Sex1Race99Hispanic Orig9Race#2-5999999Insurance99

Spouse Last Name/First Name

OccupIndus

Comments

SECONDARY CONTACT

Phone-Relation

Last NameFirst NameMI

Address

CityStZip+4

DIAGNOSIS IDENTIFICATION

Seq #00

SiteUnknown PrimarySite codeC809

HistologyMucinous adenocarcinomaHist code8480

Behavior3Grade9Coding Sys SiteCCCMorphCCConv flagCC

Laterality9Dx Confirm1Rpt Src3Casef Src40Class/Case0

Supporting Text 01/17/07-Rt ovary-md adenoca w/ pred pattern of mucinous ca involving ovary and adj tubo ovarian soft tissue; otherwise unremarkable segment of rt fallopian tube. Omentum bx-ext \*\*\*pg 2

DATE INIT DX

01 / 17 / 2007

Admit- D/C-

DX EXT OF DIS

CS Tumor Sz (mm)999CS Extension88CS T Eval

#LN exam

#LN +

CS LN88CS N Eval

CS Ver 1<sup>st</sup>

CS Ver Latest

CS Mets88CS M Eval

CS SS Factors

#1C38.4 only#2#3C619 only#4#5#6

Sum Stage

9VersionCCDerivedCC

PTNMSStageDescripStaged ByAJCC EdCC

cTNMSStageDescripStaged By

Staging Descrip

Date First Course of Treatment-Date Init Rx-

Surgery

Date01 / 17 / 2007Surg Prim Site98Scope LN9Other1Reason No Surg1

DateSurg Prim SiteScope LNOtherReason No Surg

DateSurg Prim SiteScope LNOtherReason No Surg

OTHER TREATMENT

DateRadiation SumSurg/Rad SeqReg Rad Rx Modal

DateChemotherapy Sum

DateHormone Sum

DateBRM SumOther Rx SumTranspl/Endocr Sum

PHYS SEQ

N=

M=Ref From

R=Add

F=Ref To

2=Add

3=Comments:

PT STATUS

Date Last Contact01 / 17 / 2007Vital Stat1CA StatusFU Source0

COD (ICD)ICD Revision

OVERRIDE FLAGS

Age/Site/MorphCCSeqNo/Dx ConfCCSite/Lat/SeqNoCCSite/TypeCCHistCC

Rept SourceCCIll-def SiteCCLeuk,LymphCCSite/BehCCSite/Lat/MorphCC

Additional Data

Census TractCCGen Cod SysCCGen YearCCGen Tr CertCC

NHIA Hispanic OrigCCIHSLinkCCComp EthnCCComp Ethn SrcCC

Rec TypeCCUnique Pt IDCCReg IDCCNAACCR Rec VerCC

DX ID Text continued

\*\*\*metastatic adenoca showing pred mucinous pattern. Umbilical Hernia sac and adj skin containing Adenoca, pred mucinous. Additional studies to be performed to determine origin of tumor.

**KEY** Data items in **Bold** are required fields Other data items are optional or “advanced surveillance” **ccc** computed field, no manual input **Shaded** are optional non-NPCR items